

TRANSMITTAL LETTER

Department of  
Division of Corporations  
P.O. Box 677  
Tallahassee, FL 32314

SUBJECT:

*SOURCE LINE PRODUCTS, INC*

(Proposed corporate name - must include suffix)

000002024790--4  
-12/10/96--01104--001  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

*C. KRIGEL*

Name (Printed or typed)

*#127*

*10619 W. ATLANTIC BLVD*

Address

*CORAL SPRINGS, FL. 3307*

City, State & Zip

*(954) 344-2173*

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 DEC 10 PM 4:19

FILED

*12/11*  
NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

SOURCE LINE PRODUCTS, INC

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TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10619 W. ATLANTIC BLVD  
#127  
CORAL SPRINGS, FL. 33071

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

C. KRIGEL  
10619 W. ATLANTIC BLVD,  
#127  
CORAL SPRINGS, FL. 33071

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

*C. KRIGEL*  
*10619 W. ATLANTIC BLVD. #127*  
*CORAL SPRINGS, FL. 33071*

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of DECEMBER, 1996.

(An additional article must be added if an effective date is requested.)

*C. Krigel*  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is SOURCE LINE PRODUCTS, INC.

2. The name and address of the registered agent and office is:

C. KRIGEL  
(NAME)

10619 W. ATLANTIC BLVD  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS FL. 33071  
(CITY/STATE/ZIP)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C. Krigel  
(SIGNATURE)

12/5/96  
(DATE)